

FEC FORM 9
24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR
ELECTIONEERING COMMUNICATIONS

1. Person Making the Disbursements/Obligations

(a) Name <u>U.S. Chamber of Commerce</u>		2. FEC Identification Number <u>C30001101</u>
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported <u>1615 H Street N.W.</u>		
(c) City, State and ZIP Code <u>Washington, DC 20062</u>		
(d) Name of Employer or Principal Place of Business	(e) Occupation	

3. Is This Statement	<input checked="" type="checkbox"/> New or <input type="checkbox"/> Amended	4. Covering Period <u>10 04 2010</u> through <u>10 07 2010</u>
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5. (a) Date of Public Distribution(a) 10 07 2010 (b) Communication Title Working

6. The filer is a(n): (a) Individual (b) Unincorporated Organization (c) Qualified Nonprofit Corporation (11 CFR 114.10)
(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15
(e) Other, specify: _____

7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account? Yes No

8. Custodian of Records

(a) Name <u>Rob Engstrom</u>	
(b) Address (number and street) <u>1615 H Street NW</u>	
(c) City, State and ZIP Code <u>Washington, DC 20062</u>	
(d) Name of Employer or Principal Place of Business	(e) Occupation
<u>U.S. Chamber of Commerce</u>	<u>Vice President</u>

9. Total Donations This Statement 000

10. Total Disbursements/Obligations This Statement 68,604.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Rob Engstrom

SIGNATURE [Signature] DATE 10/7/10

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. §437g.

List of Person(s) Sharing/Exercising Control
(use additional pages as necessary)

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11. Person(s) Sharing/Exercising Control

A. (a) Name	
Rob Engstrom	
(b) Address (number and street)	
1615 H Street NW	
(c) City, State and ZIP Code	
Washington, DC 20062	
(d) Name of Employer or Principal Place of Business	(e) Occupation
U.S. Chamber of Commerce	Vice President
B. (a) Name	
Bill Miller	
(b) Address (number and street)	
1615 H Street NW	
(c) City, State and ZIP Code	
Washington, DC 20062	
(d) Name of Employer or Principal Place of Business	(e) Occupation
U.S. Chamber of Commerce	Senior Vice President
C. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation
D. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation
E. (a) Name	
(b) Address (number and street)	
(c) City, State and ZIP Code	
(d) Name of Employer or Principal Place of Business	(e) Occupation

SCHEDULE 9-B

Disbursement(s) Made or Obligation(s)

PAGE **3** OF **3**

A. Full Name (Last, First, Middle Initial) of Payee <u>Issue and Image Advocacy and Adver</u>				Date of Disbursement or Obligation <u>10/04/2010</u>	
Mailing Address of Payee <u>300 N. Lee Street, Ste 500</u>				Amount <u>68,604.00</u>	
City State Zip Code <u>Alexandria, VA 22314</u>				Communication Date <u>10/07/2010</u>	
Name of Employer Occupation 					
Purpose of Disbursement (including title(s) of communication(s)) <u>"Working" TV Spot</u>					
Name of Federal Candidate <u>Travis Childers</u>		Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: District: <u>MS 01</u>	
				Disbursement/Obligation For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate 		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: District: 	
				Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate 		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: District: 	
				Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
B. Full Name (Last, First, Middle Initial) of Payee 					
Mailing Address of Payee 				Date of Disbursement or Obligation 	
City State Zip Code 				Amount 	
Name of Employer Occupation 				Communication Date 	
Purpose of Disbursement (including title(s) of communication(s)) 					
Name of Federal Candidate 		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: District: 	
				Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate 		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: District: 	
				Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
Name of Federal Candidate 		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		State: District: 	
				Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	
SUBTOTAL of Disbursements/Obligations This Page (optional) ▶					
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 10)					
				<u>68,604.00</u>	

Federal Election Commission
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